

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000061970

FILED  
Apr 06, 2011  
Secretary of State

**Entity Name:** EXPERT RESIDENTIAL PROPERTIES, INC.

**Current Principal Place of Business:**

300 WILSHIRE BLVD  
SUITE 217  
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

398 DOUGLAS AVE  
ALTAMONTE SPRINGS, FL 32714 US

**Current Mailing Address:**

141 BRIDLEWOOD LANE  
LONGWOOD, FL 32779 US

**New Mailing Address:**

**FEI Number:** 20-2762216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CEDENO, EVANGELINE  
141 BRIDLEWOOD LANE  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CEDENO, EVANGELINE  
Address: 141 BRIDLEWOOD LANE  
City-St-Zip: LONGWOOD, FL 32779

Title: VP  
Name: CEDENO, EVANGELINE  
Address: 141 BRIDLEWOOD LANE  
City-St-Zip: LONGWOOD, FL 32779

Title: S  
Name: CEDENO, EVANGELINE  
Address: 141 BRIDLEWOOD LANE  
City-St-Zip: LONGWOOD, FL 32779

Title: T  
Name: CEDENO, EVANGELINE  
Address: 141 BRIDLEWOOD LANE  
City-St-Zip: LONGWOOD, FL 32779

Title: D  
Name: CEDENO, EVANGELINE  
Address: 141 BRIDLEWOOD LANE  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EVANGELINE CEDENO

P

04/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date